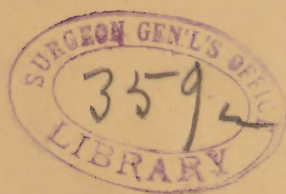


DRAYTON, (H.S.)

Two cases of epilepsy.



Phrenological Journal, N. Y.
(Fowler & Wells)
March, 1889.



R.F. 9mch-

359

SURGEON GENERAL'S OFFICE
LIBRARY

TWO CASES OF EPILEPSY.

MUCH doubt is entertained by the majority of neurologists with regard to the efficacy of hypnotism or of the magnetic pass in cases of epilepsy. There is reason for this, it must be admitted, in the recorded data of the history and pathology of the disease, and I had myself been a doubter as to any benefit attending such treatment until observations of my own convinced me that some cases were amenable to this singular influence that seemed irremediable by any treatment known to the authorities. Charcot, Fere, and others have noted instances of epileptiform attacks that yielded to hypnotic control. Hysterical, neurotic persons these were, for the most part, whose convulsive attacks it was difficult to distinguish from epilepsy, except by an examination of the history of the patients themselves, and a minute inspection of the first movements attending a paroxysm. Mr. Gowers accords so little favor to such treatment of true epilepsy in his "Manual of Nervous Diseases" that we are warranted in considering him decidedly skeptical as to any positive benefit to be derived from it.

Two cases, within a year past, of a decided character, have yielded such results that I consider them worthy of record.

Mr. S. F. came to me with a history of *petit mal* of about fifteen years' continuance. He had received treatment from several physicians and specialists without more than temporary benefit, and had come to the conclusion that his malady, which had the unfortunate phase of seizing him without any prodromal or warning signs and rendering him unconscious for variable times, was incurable. It was likely to appear at any time, yet was very irregular. He would not have an attack for weeks, then there would be a series occurring, perhaps, with more or less violence, bordering on *grand mal*, for several days in succession. This uncertain state of course debarred him from obtaining any settled or remunerative employment. His mind was not seriously impaired, aside from a shade of melancholy that brooded over it—a result natural enough.

My first step was to obtain a degree of hypnotic control, and this proved successful. My object, it scarcely needs to be said, was to impress the mind of the patient with a strong sentiment of opposition to the attack, to animate his will, and so arouse such nerve activity as would oppose or compensate in a physiological manner the abnormal condition of those centers that contributed to the recurrence of the fits. He complained of frequent sensations of dullness in his forehead, as if there were a want of blood in that part of the head, while there was a feeling of heat and fullness in the side and back parts. It seemed to me that a newly awakened or reinforced activity of the circulation in the anterior of the cerebrum, if it were possible to induce it, would be productive of a better balance of the centers, and bring about a state of the brain that in itself would prove inhibitory of the dreaded seizures.

This in brief was the principle on which I acted after the first interview. He came to me once or twice a week, and I simply applied my hands in the magnetic fashion to his head, that being placed in an attitude of repose with the eyes shut. Meanwhile he observed such rules of eating, dressing, sleeping, etc., as I deemed it expedient to advise, as much for the purpose of giving him something to think of as to correct habits that were faulty in but a minor degree.

The effects of this treatment exceeded my expectations. Mr. F. in a month began to improve. The attacks occurred less frequently, and his health in every respect showed amendment. After a time the treatment was given at irregular intervals, two or three weeks being allowed to intervene between a sitting, and when the patient's last report was made to me he had had no recurrence of the fits for three months, and had undertaken the transaction of business that required travel and exposure, a venture that previously would have been regarded by his friends as entirely out of consideration. In the course of my observation of this case there were developed certain phenomena that will, I think, be considered extraordinary by the reader, even if familiar with hypnotic cases. I have said that when the patient first came under notice his attacks occurred without warning. He would drop suddenly to the floor or ground as if struck by lightning, and on reviving usually a severe headache compelled him to rest awhile, if not to sleep. During my treatment if an attack occurred

he would be likely to come out of it with little more than a sensation of dullness that soon wore off. Twice the seizure occurred when I was within ready call, and then, to my surprise, I found that I could, in a few seconds, check the spasmodic jerks and restore him to consciousness. On one occasion he fell to the floor in the presence of several persons, and was struggling violently when I came to his side. A sweep of my hands from the head to the knee suspended the convulsions and at my command he opened his eyes and rose to his feet, and within ten minutes was able to continue the business transaction he was engaged upon when he fell.

Another noteworthy feature developed subsequently to the beginning of the treatment was that, previous to an at-

tack, Mr. F. experienced peculiar sensations, or an aura, which he could not describe definitely. These sensations were a general nervous unrest, with dullness and heaviness of the head, and perhaps some aching, which continued for a few minutes or longer, until the fit came on. If he came to me during this initial period, a few minutes' application of my hands would dissipate the sensations and prevent an attack. Fully six times this procedure was repeated with a successful result, so that little doubt on my own part and that of the patient and his family is entertained as to the efficacy of the magnetic influence in his case. Certainly, on the pathological side it is reasonable to infer that an improved circulatory relation had been produced in the brain, the permanency of which, however, could not be assured.

SECOND CASE.

Mr. P—, a gentleman fifty years of age, came under my notice about a year ago as a sufferer from the *grand mal* type of epilepsy. He had ten years previously sustained a severe injury by which the nasal, molar, and other bones contiguous to the inner canthus of the left eye had been driven inward, and the muscular attachments of the eyeball internally had been lacerated, so that, in healing, the co-ordination of the axis of vision was rendered permanently imperfect. A few years after this accident, the epilepsy developed itself, and at the time I first saw him it had assumed an aggravated form. He was then under the treatment of a distinguished specialist of New York City, whose diagnosis of the case referred its origin to the accident and the abnormality of the left eye.

Mr. P—— had learned to distinguish certain physical and mental symptoms as antecedent to an explosion of his malady, and therefore knew for at least ten minutes before that one was imminent. There was a metallic taste in his mouth, a sense of congestion in the head, and a play of color. This last phenomenon is by no means uncommon in epilepsy and other forms of nerve disease, and it is deemed that some disturbance of the visual center produces it.

Mr. P—— was very willing to try the magnetic passes, and as his attacks occurred frequently, for two or three months I saw him at least once a week. No attempt was made to induce the hypnotic trance, but simple hand manipulation was tried, the result being as successful in its way as in the first case I have described. Mr. P—— frequently declared, as stated by acquaintances, that, if he could only reach Dr. Drayton's office in time, he would be saved from a fit.

I have had him come to me in a dazed mental state, his face turgid with blood, his respiration and voice thick, his pulse rapid and bounding, and with an anxious, excited manner, all intimating a nervous crisis. Placing him in a chair, I have at once administered the manual tactics, and in a few minutes his excitement would subside, his skin clear up, his pulse become calm and moderate, and he would pronounce himself greatly relieved and ready to go out upon the street. After this treatment he would be safe from an attack certainly for a day or two, and as the spasms were of a severe character, the relief he experienced was most gratefully acknowledged, although the prognosis on my part from the first was unfavorable as regards a cure.

An attempt to analyze the process by which the effect was obtained in this second case, if an attempt were made to be minute, would trend upon the speculative, especially if at the beginning it was assumed to define the peculiar "force" or effect that is called animal magnetism. That some derivative influence is exercised by the hand movements no one at all familiar with massage will deny, and that the consequent reduction of the pressure at the nerve centers may abort an attack whose prodromal symptoms have become well marked, is not too much to claim.

A mental impression well sustained exercises an important inhibitory effect. We know what the will accomplishes in suppressing a yawn, a sneeze, and the hiccoughs: why not in the disturbance of the centers that precedes an epileptic outbreak? Why may not the hypnotic pass be potent, especially if, in connection with its control, we can secure implicit observance of the rules, medical and hygienic, prescribed for the patient's every-day life? Repeated cases of control by mental impression over the paroxysms of emesis in sea sickness are recorded, the subject passing at a word from the spasm into a calm nervous state, and obtaining comparative gastric comfort, no trance being induced, merely an assuring, imperious word or two being spoken. So also in the history of hysteria we have many positive cases of wonderful results obtained through suggestion, the will of the agent or physician appearing to reinforce the mental weakness of the hysterical, and enabling the depressed nerve centers to recover tone and to exert their normal compensation. But whether or not such reasoning as this may be accepted as applying to the pathology of epilepsy, these two cases, and others more recent, stand upon my note-book as encouraging testimony that this insidious and dreaded disease may lose much of its virulence and terror under the hand and will of the hypnotist.

H. S. DRAYTON.

